

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004323 (0)**

1. Corporation Name

CHURCH COMMUNITY HISTORICAL ASSOCIATION, INC.

Principal Place of Business 2055 SW KANNER HIGHWAY STUART FL 34997	Mailing Address 2055 SW KANNER HIGHWAY STUART FL 34997		
2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 26	Zip 29	Country 30

9. Name and Address of Current Registered Agent SCOTT, PORTIA B 700 COLORADO AVE STURAT FL 34994	81. Name SCOTT, PORTIA B 700 COLORADO AVE STURAT FL 34994
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLONTS, MILDRED	1.2 NAME	
STREET ADDRESS	2055 SW KANNER HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, M. LAIRD	2.2 NAME	
STREET ADDRESS	469 SE SEVILLE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNETT-WEAVER, TERRI	3.2 NAME	
STREET ADDRESS	469 SE SEVILLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, WILLIAM DR.	4.2 NAME	
STREET ADDRESS	4802 SW BRANCH TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, WILLIAM R MRS	5.2 NAME	
STREET ADDRESS	218 SE MARTIN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34996	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIE, JAMES	6.2 NAME	
STREET ADDRESS	915 HALL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mildred Clonts* Apr 120 1998 **561-287**
Mildred Clonts **0642**

FILED
Apr 28 1998 8:00am
Secretary of State



CR2E037 (10/97)